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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/656,316

Filing Date September 6, 2000

First Named Inventor Y. Mori et al.

Art Unit 2625

Examiner Name S. H. Azarian

Attorney Docket No. MTS-3206US

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Technology Center 2600

## ENCLOSURES (Check all that apply)

Fee Transmittal Form  
 Fee Attached

Amendment/Reply  
 After Final  
 Affidavits/Declaration(s)

Extension of Time Request

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority Document(s)

Response to Missing Parts/  
Incomplete Application

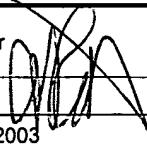
Response to Missing Parts under  
37 CFR 1.52 or 1.53

Drawing(s)  
 Licensing-related Papers  
 Petition  
 Petition to Convert to a  
Provisional Application  
 Power of Attorney, Revocation,  
Change of Correspondence  
Address  
 Terminal Disclaimer  
 Request for Refund  
 CD, Number of CD(s) \_\_\_\_\_

After Allowance Communication  
to Group  
 Appeal Communication to Board  
of Appeals and Interferences  
 Appeal Communication to Group  
(Appeal Notice, Brief, Reply  
Brief)  
 Proprietary Information  
 Status Letter  
 Other Enclosure(s) (please  
identify below):

### Remarks:

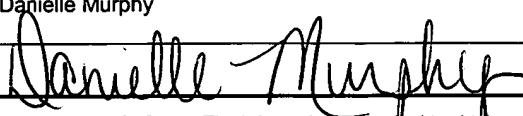
## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature			
Date	October 8, 2003		

## CERTIFICATE OF TRANSMISSION / MAILING

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October 8, 2003

Name (Print/Type)	Danielle Murphy		
Signature		Date	October 8, 2003

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

The applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 262)

Complete if Known

Application Number	09/656,316
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First Named Inventor	Y. Mori et al.
Examiner Name	Seyed H. Azarian
Art Unit	2625
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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None									
<input checked="" type="checkbox"/> Deposit Account:									
Deposit Account Number		18-0350							
Deposit Account Name		RatnerPrestia							
The Commissioner is authorized to: (check all that apply)									
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	
1001	770	2001	385	Utility filing fee					
1002	340	2002	170	Design filing fee					
1003	530	2003	265	Plant filing fee					
1004	750	2004	385	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)					(\$ 0)				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
				Extra Claims	Fee from below	Fee Paid			
Total Claims	75	-70**	= 5	X 18	= 90				
Independent Claims	6	-4**	= 2	X 86	= 172				
Multiple Dependent				X	= 0				
Large Entity		Small Entity		Fee Description					
Fee Code	Fee (\$)	Fee Code	Fee (\$)					Fee Paid	
1202	18	2202	9	Claims in excess of 20					
1201	86	2201	43	Independent claims in excess of 3					
1203	290	2203	145	Multiple dependent claim, if not paid					
1204	86	2204	43	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					(\$ 262)				
Other fee (specify)									
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$ 0)				

\*or number previously paid, if greater. For Reissues, see above

SUBMITTED BY						Complete if applicable	
Name (Print/Type)	Allan Ratner		Registration No. Attorney/Agent)	19,717	Telephone	(610) 407-0700	
Signature					Date	October 8, 2003	

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